

VOLUNTEER LONG-TERM CARE OMBUDSMAN PROGRAM REPRESENTATIVE INTAKE TOOLKIT ¹

This intake toolkit is designed to assist Long-Term Care Ombudsman programs with the application and screening process for potential volunteer Ombudsman program representatives. The toolkit includes several templates that Ombudsman programs can adapt to meet their individual program requirements.

Volunteer Ombudsman program representatives are invaluable, but due to the unique role and responsibilities of the Ombudsman program there are potential risks that need to be addressed. These risks should be evaluated prior to making changes to a program's intake and screening process and policies and procedures should be evaluated periodically. The [Volunteer Risk Management Considerations for Long-Term Care Ombudsman Programs](#) worksheet highlights areas of risk and tips for reducing risk to help programs identify potential risk, review current program practices, and develop recommendations for improvements. ²

While it can be challenging to find individuals who are willing to volunteer as Ombudsman program representatives, the purpose of the intake process is to ensure that this is a good fit for both the individual and the program. Through the information received on the application form, interviews, and references, this is the time when both parties can determine whether to proceed. Ombudsman programs should not hesitate to decline a potential volunteer that is not a good fit for this unique position, as it is better to do this upfront than to have a situation arise later when the individual has access to residents.

If the program determines the person would be better placed in another role within the program than as an Ombudsman program representative visiting residents, the individual may be able to use their skills for other valuable tasks. Other tasks or projects may include: creating promotional materials, assisting with content for the program's social media accounts, developing community education materials and training, and participating in community outreach events.

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¹ Examples of volunteer application and screening tools from State Long-Term Care Ombudsman Programs and local Ombudsman entities were used in the development of this toolkit. Many of those examples are referred to in the "Resources" section of the toolkit and are available on the NORC website: http://ltcombudsman.org/omb_support/volunteer.

² *Volunteer Risk Management Considerations for Long-Term Care Ombudsman Programs* worksheet is available on the NORC website in two forms: <http://ltcombudsman.org/uploads/files/support/risk-management-considerations-for-ltcop-worksheet.pdf> (PDF) <http://ltcombudsman.org/uploads/files/support/risk-management-considerations-for-ltcop-worksheet.docx> (Word). The worksheet is based on information from the *Supporting Volunteer LTC Ombudsmen and Minimizing Risk* webinar (http://ltcombudsman.org/omb_support/volunteer/calls-webinars).

Additional considerations for your intake process:

1. Provide multiple ways to apply to volunteer with your program (e.g., by mail, email, on-line). Ensure easy access to information about volunteering with your program. Consider including the following information on your website: overview of volunteer role and responsibilities, steps in application process, application form, training calendar or information about how training is scheduled, brief examples of volunteer successes and/or quotes about why they volunteer for your program, and name, photo, and contact information for volunteer coordinator.
2. As often as possible use examples of volunteer successes, quotes from your volunteers about why they volunteer with your program, and examples of program advocacy in your recruitment and program promotion materials.
3. The time between receiving and reviewing a volunteer application and conducting initial certification training is an opportunity to provide the potential volunteer basic information about the program. By asking a potential volunteer to review basic information about the program before training they may be more prepared for initial certification training and some individuals may realize it is not the best fit for them before investing time in training. Examples of information to share includes:
 - *Equipping Long-Term Care Ombudsmen for Effective Advocacy: A Basic Curriculum (NORC Curriculum): The History and Role of the Long-Term Care Ombudsman Program (Module One)*
 - Module One of the NORC Curriculum Online Training
<https://sites.google.com/site/historyandroleofltcop/home-1>
 - Module materials are also available as PDF and PPT documents
http://ltcombudsman.org/omb_support/training/norc-curriculum
 - Visit the NORC website (<http://ltcombudsman.org/>), especially these pages:
 - About the Ombudsman Program
<http://ltcombudsman.org/about/about-ombudsman>
 - Welcome to the Ombudsman Program Network
<http://ltcombudsman.org/new-ombudsman>
 - Invite the potential volunteer to explore your program's website and social media accounts.
4. Asking potential volunteers to identify at least two references (non-family members) is an important part of the intake process. As you know, volunteers will be working with vulnerable individuals and will have access to confidential information, so the more information you can gather about the applicant is helpful. Although the references will likely provide favorable responses to your questions, by telling the applicant about the role of the program and the type of situations the potential volunteer may encounter, by listening closely you may learn more about the applicant to help you determine whether he/she is a good fit.
5. Orientation and initial training provides several opportunities to ask questions and really listen to the potential representative's response to identify red flags or areas that need more discussion or training. Take advantage of this time to better understand the trainee, their learning process, their skills and interests, and areas for improvement to ensure they truly understand the unique role and responsibilities of the Ombudsman program.

I.

**LETTER TO PROSPECTIVE VOLUNTEER OMBUDSMAN
PROGRAM REPRESENTATIVE**

Dear _____,

Thank you for your interest in serving as a volunteer Long-Term Care Ombudsman program representative. Volunteer Ombudsman program representatives provide invaluable advocacy with and for residents in long-term care facilities in their local communities. You would join the over 7,000 designated volunteer Ombudsman program representatives that greatly enhance long-term care resident access to the Ombudsman program's services across the country.

The Long-Term Care Ombudsman Program (LTCOP) was established in the Older Americans Act in 1978, following a demonstration project which began in 1972. Each state has a State Long-Term Care Ombudsman program and most states train and designate volunteers to carry out the duties of the program. Our agency, _____, began its Ombudsman Program in _____ and our program supports _____ residents living in _____ nursing homes and _____ assisted living facilities, [add other settings as appropriate].

Ombudsman program representatives advocate with and for individuals residing in nursing homes, assisted living facilities, and other types of residential facilities. Volunteer Ombudsman program representatives receive training and support to visit residents at an assigned facility, provide information about their rights, assist them (upon their request) with their complaints, and submit reports reflecting their activities and case work. Our volunteers are expected to visit residents in their assigned facility _____.

After receiving and reviewing your application, background check, and conflict of interest form, we will contact you for an interview. Following a successful interview, you will be invited to attend initial certification training. Training includes _____ hours of training on topics such as the history and role of the Long-Term Care Ombudsman program, residents' rights, effective communication skills, resident-directed advocacy, investigating and resolving complaints, and reporting requirements. Upon completion of these activities, the State Ombudsman will make the final decision on designating you as a representative of the Office of State Long-Term Care Ombudsman. For more information about our program visit our website _____.

We look forward to having you as a valuable addition to our program. Please note that the process of becoming a volunteer may take some time but being an advocate for residents will be worth the investment.

Please contact us if you have any questions. _____ (phone, email)

Thank you for your interest.

Sincerely,

II.

KEY POINTS FOR MINIMUM VOLUNTEER REQUIREMENTS

Volunteer position descriptions help further define the minimum requirements and role for potential volunteers in your program. This document includes key points to consider including in your program's volunteer position description.

NOTE: These examples of minimum requirements are based on general Long-Term Care Ombudsman program practice and are provided as a guide. Modify these requirements to meet your needs and your program's policies and procedures.

Minimum Age: 18

Time Commitment: Volunteers must commit to a minimum of _____ hours of service a week/month and/or one year of service.

Transportation: Must have reliable transportation to participate in required training and conduct facility visits. *NOTE: May want to mention whether your program reimburses volunteers for their mileage or public transportation costs.*

Processing Required: Prospective volunteers must successfully complete a volunteer application which contains at least 2 references (non-relatives), a background check form, a conflict of interest form, and an interview with program staff prior to initial certification training.

Automobile Insurance: Volunteers who drive their own vehicle for Ombudsman program work purposes are required to carry liability coverage, at their own expense, for any vehicle used. Volunteers must show proof of insurance during the initial intake and certification process and annually after certification. Volunteers are to immediately notify their supervisor if their automobile insurance coverage lapses.

Requirements: Volunteers must attend _____ hours of continuing education annually to maintain status as a designated representative of the Office.

NOTE: Insert other requirements, such as required number of visits or hours spent in the assigned facility; completing documentation and turning in reports; annual evaluation; adhering to the code of ethics of the program; following policies and procedures, applicable immunizations, etc. Regarding immunizations, most programs do not require them, such as an annual influenza (flu) vaccine and/or bacille Calmette-Guerin (BCG) vaccination for tuberculosis (TB) disease. If your program does require immunizations the potential volunteer should be informed early in the intake process and be provided information about accessing free or low-cost immunizations.

Reasonable Accommodations: For potential volunteers that need a reasonable accommodation in order to complete the application process and/or perform essential duties of a designated Ombudsman program representative, please speak with the program coordinator,

III.

OMBUDSMAN PROGRAM VOLUNTEER APPLICATION

Today's Date

First Name

Middle Initial

Last Name

Current Address

City

State

Zip Code

Primary Phone

E-mail Address

Education/Special Training

Highest Grade Level Completed

Are you at least 18 years of age? Yes No

How did you hear about the Ombudsman Program (select all that apply)? *NOTE: If applicable, add check boxes for specific recruitment efforts by your program.*

Media/Letter to Editor Social Media Family Member or Friend Other:

If other, please specify.

Please respond to the following questions:

What attracted you to this volunteer opportunity?



The National Long-Term Care
Ombudsman Resource Center

What skills and qualities do you feel you have to contribute to the LTCOP?

Do you speak any languages other than English? Yes No If yes, what language?

Do you have reliable transportation, either personal, public transit, or other means? Yes No

If you will drive your own vehicle for Ombudsman program activities, you will need to show your supervisor proof of automobile insurance.

Work Experience (list most recent positions)

Position: Agency: Date:

Position: Agency: Date:

Position: Agency: Date:

Volunteer Experience (list most recent positions):

Position: Agency: Date:

Position: Agency: Date:

Position: Agency: Date:

Do you hold a professional license that has mandatory reporting requirements (e.g., nursing, social worker, therapist, etc.)? Yes No

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment); or are there any pending criminal charges awaiting a hearing in a court of law; or any finding against you of abuse, neglect, or exploitation of a vulnerable individual? Yes No

If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.

Please note that a criminal background check will be conducted as part of the volunteer application and screening process. Note: Record of a criminal conviction will not necessarily be a cause for disqualification, but failure to disclose the information will be. All information obtained during the screening process will be kept confidential.

REFERENCES AND EMERGENCY CONTACT

References: List contact information for two individuals who know you well, other than relatives, to act as personal references. You may include individuals you've worked with and for in both paid and volunteer positions.

1. Name Telephone Number

Street Address City State Zip Code

E-mail Address Relationship

2. Name Telephone Number

Street Address City State Zip Code

E-mail Address Relationship

Emergency Contact: In the event of an emergency, please list the person you would want notified.

Name Relationship

Home Telephone Number Business Telephone Number Cell Phone Number

Statement of Understanding: I certify that all information is true, complete, and has been given voluntarily. I authorize [Click here to enter text.](#) to obtain all information on my background and direct the holders of all such information to release it to [Click here to enter text.](#) I understand that any information obtained by during the screening process by [Click here to enter text.](#) will be kept confidential.

Applicant's Signature: _____ Date: _____

IV.

VOLUNTEER REFERENCE INTERVIEW FORM

Applicant Name: _____

Reference: _____ **Phone:** _____

NOTE: Before asking the questions, provide a brief overview of your program and the role of volunteers.

How do you know this potential volunteer? How long have you known the applicant?

What three words would you use to describe the applicant?

Do you have any reservations recommending this applicant to work with vulnerable adults? If so, please describe.

Please describe the applicant's ability in the following areas:

Communication skills:

Listening skills:

Conflict resolution:

Dependability:

Judgement:

Ability to handle stressful/emotional situations:

Please respond to the following based on your experience with the applicant and considering the role of the Ombudsman program and volunteer responsibilities:

- Describe what would make this applicant a good fit for this volunteer position.

- What about this position may be challenging for this applicant?

- What else should know about this applicant?

V.

OMBUDSMAN PROGRAM REPRESENTATIVE CONFLICT OF INTEREST FORM³

Name:
Address:
Email Address:

Date:
Phone:

Employment and Responsibilities

Have you or any members of your immediate family or household ever been employed by a long-term care provider (facility or by the owner or operator of a facility)? *Note: Immediate family member is defined as “a member of the household or a relative with whom there is a close personal or significant financial relationship” (§712 of the Older Americans Act, §1324.1, Definitions, LTCOP Rule.* **Yes** **No**

Do you, or any members of your immediate family or household, receive or have the right to receive, directly or indirectly remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility? **Yes** **No**

If Yes to either question, please list the following.

Start/End dates of employment (MM/YY)	Name of person employed or compensated	Your relationship	Employer	Position/duties or Compensation Arrangement

Are you currently performing any of the responsibilities listed below? *Check all that apply.*

- Surveying or participating in the licensing or certification of long-term care facilities.
- Working for an association (or an affiliate of an association) of long-term care facilities or of any other residential facilities for older individuals or individuals with disabilities.
- Providing care to residents of long-term care facilities or involved in the provision of personnel for long-term care facilities.
- Providing long-term care coordination or case management for residents of long-term care facilities.
- Providing adult protective services.
- Participating in eligibility determinations regarding Medicaid or other public benefits for residents of long-term care facilities.
- Conducting pre-admission screening for long-term care facility placements.
- Making decisions regarding admission or discharge of individuals to or from long-term care facilities.
- Providing guardianship, conservatorship, or other fiduciary or surrogate decision-making services for residents of long-term care facilities.

³ This document contains information based on the LTCOP Rule, §1324.21(d), Conflicts of Interest. The format and content are adapted from similar tools developed by State Ombudsman programs, such as Ohio, Texas, Oklahoma, and Iowa. This template is intended for use as a guide when Ombudsman programs develop or revise individual conflict of interest screening tools. States are responsible for adding any state specific requirements, definitions, or processes that may not be included in this document. Additional information on individual conflicts of interest, the provisions in the Rule, and examples of screening tools used by Ombudsman programs can be accessed [here](#).

For all responsibilities that were checked, describe your role and provide additional information.

Are you, or a member of your immediate family, serving as an officer or board member of a long-term care facility or service provider? **Yes** **No**

If **Yes**, please provide additional information, e.g. position, length of service, responsibilities.

Financial Interest

Do you or any member of your immediate family or household have an ownership or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed long-term care facility or service? **Yes** **No**

If **Yes**, please provide information regarding the financial interest including as applicable, the location of the facility and/or the area covered by the service.

Relationships

Do you, or a member of your immediate family or household, have an immediate family member residing in a long-term care facility? **Yes** **No**

Do you or have you resided in a long-term care facility? **Yes** **No**

If **Yes**, to either of the questions, please list the following.

Name of Facility	Location of Facility	Your relationship or Length of Time

Are you serving individuals who live in long-term care facilities in any capacity, such as a volunteer visitor, conducting pet therapy, providing entertainment, or any other services, paid or volunteer? **Yes** **No**

If **Yes**, provide additional information.

Name of Facility	Location of Facility	Your Role	Frequency

Additional Considerations

Do you, or a member of your immediate family or household, have any other relationships, activities, or responsibilities that may impact the effectiveness and credibility of the work of the Office of Long-Term Care Ombudsman (e.g., personal injury attorney, works for a pharmaceutical company or medical supply company)? Yes No

If Yes, please list them. If you are not sure about the potential impact on the Office, please list the relationship, activity, or responsibility, for discussion with a staff Ombudsman program representative.

Agreements

As a representative of the Office of the State Ombudsman, I understand that I, and members of my immediate family and household, cannot:

- accept gifts or gratuities of significant value from a long-term care facility or its management, a resident or a resident representative of a long-term care facility in which I serve;
- accept money or any other consideration from anyone other than the Office, or an entity approved by the Ombudsman, for the performance of an act in the regular course of my duties as a representative of the Ombudsman program without Ombudsman approval.

If any circumstances in this document change or if I have questions or concerns regarding an actual or potential conflict of interest with my duties as a representative of the Ombudsman program, I will notify my direct Ombudsman program supervisor immediately.

If any circumstances or opportunities arise and I have questions or concerns regarding the potential impact on the effectiveness or credibility of the Ombudsman program, I will notify my direct Ombudsman program supervisor immediately.

I understand and agree with the preceding statements and verify that all the information I have provided is accurate.

Signature

Date

For Program use only

After reviewing this document and speaking with the applicant, it has been determined that the following conflict of interests can and will be remedied and supporting documentation is included with this application.

It has been determined (through conversation with the applicant) that the following conflicts of interests **cannot** be remedied, and the applicant has been notified (or will be notified). Yes No

Per our state policies and procedures, the pertinent information for designation by the State Ombudsman was forwarded to the State Office.

Staff name and signature: _____

Date: _____



VI.

VOLUNTEER ACKNOWLEDGEMENT FORM

NOTE: This document is intended to be reviewed with the trainee following a discussion of the program's policies and procedures as part of the orientation process.

I. CONFIDENTIALITY

I understand that the Long-Term Care Ombudsman Program provides resident-centered advocacy and has specific and strict federal provisions regarding confidentiality and disclosure of information.⁴ These requirements mean that the information shared with or gathered by the program, including the identification of the resident or complainant, is confidential unless consent is obtained as described in the Older Americans Act and Long-Term Care Ombudsman Program (LTCOP) Final Rule. I understand that as a representative of the Office of the State Ombudsman, I will become aware of information regarding residents, complaints, facilities, staff, and program activities related to cases, that must remain confidential. I agree to follow program policies and procedures regarding confidentiality and disclosure.

II. CONFLICT OF INTEREST

After completing the Ombudsman Program Representative Conflict of Interest Form and at the time of this application, I have disclosed all potential conflicts of interest and agree to inform the program if a new conflict of interest should develop.

III. PROGRAM POLICIES AND PROCEDURES

I agree to adhere to the _____ program policies and procedures and Code of Ethics as were reviewed and discussed with me.

By signing this acknowledgement form, I am affirming that I read, understand, and agree to adhere to these requirements.

Signature _____ Date _____

⁴ Older Americans Act of 1965. Section 712 (a)(3)(A)

VII.

INTERVIEW QUESTIONS FOR PROSPECTIVE LONG-TERM CARE OMBUDSMAN VOLUNTEERS

Before asking interview questions, review the application and conflict of interest form, follow-up on responses provided in the documents, provide a brief overview of the program, and respond to questions from the applicant.

NOTE: These questions are based on general Long-Term Care Ombudsman program practice and other volunteer management sources and are provided as a guide. Modify these questions to meet your needs and your program's policies and procedures.

Interview Questions

1. What attracted you to the Ombudsman program? What aspect of our work most motivates you to want to become a volunteer for our program?
2. What can I tell you about the program?
3. What would you like to gain from volunteering as a representative for the Ombudsman program? What would make you feel like you have been successful?
4. Tell me about your past or current volunteer roles. What have you enjoyed most about your previous volunteer position(s)?
5. What experience do you have with older adults or individuals living in long-term care facilities?
6. Have you acted as an advocate for someone before?
7. What challenges do you feel you would have to overcome to serve as a volunteer with our program?
8. What strengths or skills do you have that would help residents and the program?
9. Can you share a difficult problem or situation you encountered and how you helped resolve it?
10. Our volunteers visit people with cognitive and physical disabilities living in long-term care facilities. Are you comfortable with this?
11. Do you consider yourself an assertive person? Can you give me an example of a time when you felt you were being assertive?
12. What would you do if the administrator of a facility told you she does the best she can and there is nothing else that can be done about the problem you have brought to her?
13. Would it bother you to confront the same problems week after week as you visit residents?
14. Sometimes residents who complain do not want the Ombudsman to tell anyone or to help resolve it. How would you handle this?
15. Do you think residents can make their own decisions, even if those decisions are against a doctor's orders (e.g., a resident that has diabetes and wants to eat chocolate cake)?
16. There are reporting requirements to be done following each visit to residents. Are you comfortable in writing summaries of the work you have done?

VIII.

RESOURCES

In addition to the templates in this toolkit we've provided state examples in case your state program or host agency does not have standard intake documents. For additional information or examples, visit the "Getting Started" [page](#) of the Volunteer Management section of the NORC website (click on Support, then Volunteer Management, then Getting Started) and Chapter 1 Compendium-Recruitment ([chapter](#), [appendices](#)) of the [NORC Compendium](#).

Application Forms

Georgia: <http://ltombudsman.org/uploads/files/support/GA-long-application-form.pdf>

Oregon: <http://www.oregon.gov/LTCO/Pages/Volunteering-.aspx>

Background Check Information

California: http://ltombudsman.org/uploads/files/support/Exhibit_8-F_Criminal_Record_Statement- LIC-508B.pdf

Iowa: <http://ltombudsman.org/uploads/files/support/background-check-finding-acknowledgement-form.pdf>

Oregon: <http://ltombudsman.org/uploads/files/support/OR- DAS DHS Vol background check.pdf>

Minnesota: <http://ltombudsman.org/uploads/files/library/MN-crim-check-overview.pdf>

Code of Ethics

National Association of State Long-Term Care Ombudsman Programs (NASOP) <http://nasop.org/ethics.htm>

National Association of Local Long-Term Care Ombudsmen (NALLTCO)

https://nalltco.weebly.com/uploads/2/3/1/4/23140720/nalltco_code_of_ethics_for_ombudsmen.pdf

Conflict of Interest (COI)

Iowa: <http://ltombudsman.org/uploads/files/support/vop-application.pdf>

Minnesota: http://ltombudsman.org/uploads/files/support/mn-declared-conflict-of-interest-form_0.pdf

Oklahoma: <http://ltombudsman.org/uploads/files/library/OK-conflict-form.pdf>

Texas:

- <http://ltombudsman.org/uploads/files/support/tx-coi-screening-form.pdf> (COI Screening Form)
- <http://ltombudsman.org/uploads/files/support/tx-coi-ident-remedy-removal.pdf> (COI Identification, Removal and Remedy Form)

Interview Questions

Iowa:

- <http://ltombudsman.org/uploads/files/support/vop-phone-interview-script.pdf> (interview script)
- <http://ltombudsman.org/uploads/files/support/vop-phone-interview-form.pdf> (interview form)

Oregon: <http://ltombudsman.org/uploads/files/support/or--interview-questions.pdf>

Job Description

Oregon: <http://ltombudsman.org/uploads/files/support/or--vol-description.pdf>

Statement of Confidentiality:

California: [http://ltombudsman.org/uploads/files/support/Exhibit_8-C_Pledge_of_Confidentiality_for_Ombudsman_Trainees-Representatives-S006\(12-07\).pdf](http://ltombudsman.org/uploads/files/support/Exhibit_8-C_Pledge_of_Confidentiality_for_Ombudsman_Trainees-Representatives-S006(12-07).pdf)

Georgia: <http://ltombudsman.org/uploads/files/support/GA-Confidentiality-Agreement.pdf>

Utah: <http://ltombudsman.org/uploads/files/support/UT-confid-agrmt.pdf>

Volunteer Program Management Tools

Hawaii: <http://ltombudsman.org/uploads/files/library/HI-volunteer-checklist.pdf> (screening and training checklist)

New Hampshire: <http://ltombudsman.org/uploads/files/support/nh--certification-tasks-competencies-check-list.pdf>

Washington: <http://ltombudsman.org/uploads/files/library/WA-program-standards.pdf> (standards)